

**THOMAS D. SMITH**

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Fax: 703-872-9306**FROM:** Thomas. D. Smith  
Tel: 406-720-7920**DATE:** April 7, 2005**PAGES:** 11 (inclusive)

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Thomas D. Smith, Tel: 405-720-7920

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PTO/SB/82 (08-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/803,812
Filing Date	03/18/2004
First Named Inventor	Thomas D. Smith
Art Unit	
Examiner Name	
Attorney Docket Number	SMIT26-00008

**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith. pro-se representation by owner/inventor**OR** I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas D. Smith
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	
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Name	Thomas D. Smith
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Date	7 April 2005	Telephone	405-720-7920
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NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	Total of <input type="text"/> forms are submitted.
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